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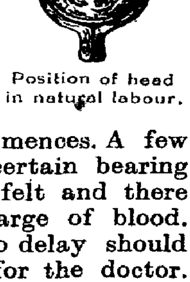
**EDITORIAL**

# Normal and Abnormal Labour

**Normal Labour.** — Labour is the common term for confinement. It is the process by which the child is born. A full-time labour, being as a rule a natural process, is attended with little danger. The signs of approaching labour are: a sinking forward and downward of the abdomen; a feeling of comparative lightness; frequent desire to make water; and a mucous 'discharge' or "the show" sometimes streaked with blood. All or any of these may occur some hours, or even a day or two before actual labour pain commences. A few days before labour, certain bearing down pains may be felt and there may be a slight discharge of blood. After this discharge, no delay should take place in sending for the doctor. It is better that a woman should know that there are two kinds of pains—the true and the false. The false pains are very short and do not come on at any fixed or regular time. They are usually felt in the front of the body and may arise from the stomach or bowels, being out of order or from having eaten food which was not digested. The best way to relieve these pains is to take a dose of castor oil and to be very careful in diet.



Position of head in natural labour.

The true pains are the sign of the labour commencing. These pains come on at regular intervals. These are slight at first, gradually increase and then die away. They are felt in the back and go down to the lower part of the abdomen. These pains along with the discharge clearly point out to the commencement of labour.

On the appearance of these symptoms of approaching labour, the patient's bed should be prepared. A hard mattress or a wooden cot made of full planks is to be prepared. On this, over the usual blanket and sheet,

there should be placed a piece of oiled cloth; on the top of it, put a double folded sheet of cloth. If the bowels have not acted within the previous six hours, hot water and soap enema should be given or a dose of castor oil administered. Emptying the bowels facilitates the action of the womb, ensures cleanliness and prevents discomfort; for, the contents if full, may be forced into the bed during labour.

The labour is divided into three stages:—The first stage commences with the onset of the true labour pains which is denoted by pain in the lower part of the belly gradually settling in the loins and back, then passing to the thighs and known as "bearing down pains" and lasts until the full dilatation of the mouth of the womb, which is usually indicated by the bursting of water. The average duration of this stage is about 11 or 12 hours with the first child and six or eight hours in subsequent confinements. If this stage lasts longer, you must think that there is something abnormal and send for the doctor at once. Pending the arrival of the doctor, instruct the patient to walk about as much as possible, as the weight of the child pressing downwards helps to open the mouth of the womb.

The second stage commences with the full dilatation of the mouth of the womb and ends with the birth of the child. The symptoms of the second stage are: the pains now increase and come much more quickly, they last for about 30 to 60 seconds and recur every 5 or 7 minutes up to the actual moment of the child's birth, when they become almost continuous; the pain in this stage is much more severe than in the first stage and the patient instead of screaming, groans heavily and bears down with all her might, laying hold of whatever comes nearest her hand as a point of support. The patient must then be made to lie down in bed and a towel tied to the head of the bed and the patient told to pull on this as soon as the pains come on, to help her in her efforts to bear down. As the child descends and pressed on the bowel, there is a strong desire to go to stool. The average duration of the second stage is one to two hours, with the first child and ten to fifteen minutes in subsequent confinements. If this stage lasts longer, you must think there is something abnormal and seek for medical assistance at once. But, if head is born naturally without any delay, we must see whether the cord is twisted round the neck of the child. If it is so, we must either try to slip it over the head or else loosen it, so that the body will pass through it. If these plans fail, the cord must be cut with scissors and the cut ends tied to prevent loss of blood.

The third stage commences after the birth of the child and ends with the delivery of the after-birth. Its average duration is with all confinements about 15 to 30 minutes. If there is any delay, the doctor must be sent for at once. As soon as the child is born, the patient experiences great relief and lies perfectly quiet for ten or fifteen minutes. The pains then return and recur every few minutes until the after-birth is expelled.

The main objects of care in natural labour are: (1) to support the perineum or that part of the person of the mother exposed to pressure as the head passes, which otherwise might be torn and lacerated. This is particularly to be observed in cases of first labour. The required support is afforded by applying the hand, covered with a piece of clean cloth or napkin in a firm yielding manner.

(2) to free the child's mouth from discharge or mucus.

(3) To see that the womb contracts as soon as the child is born.

To secure this, when the child is born, the hand of an attendant should be placed over the womb, causing

moderate pressure, which should be maintained until the after-birth comes away or until the womb is well contracted, when it will be felt in lower part of the bowels in the shape of a hard round ball. If the womb cannot be thus felt, bleeding may occur. In such cases, send for the doctor at once.

(4) To divide the navel string.

During the labour, thirst may be relieved by cold water or iced milk. But solid food should not be given as it may cause vomiting. Sleep during the intervals between the pains should not be interfered with. If there is any delay in the expulsion of the after-birth, the cord must not be pulled to hasten its expulsion. The coming of the after-birth is attended with renewal of the pains. In some cases, the after-birth presents itself at the orifice, but does not pass out. It may then be twisted round and gradually extracted.

Examine the after birth and see that it is not torn anywhere. If it is torn and if there is any doubt of any piece remaining inside the womb, send for the doctor.

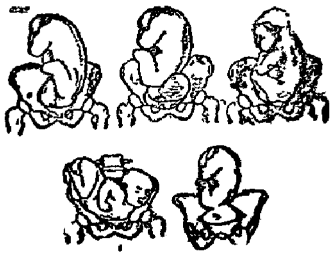
**Abnormal Labour.**—The labour is said to be normal or natural when the child's head comes down first and delivery takes place within 24 hours without medical assistance. Anything other than this is abnormal abour.

1. *Prolonged labour:*—By prolonged labour, we mean labour that has lasted too long for safety. The following danger signs should be carefully noted and medical assistance promptly sent for :—(*a*) Normal pulse is 70 to 80. If the pulse-beat is 100 or more and the labour is prolonged, the doctor must be sent for at once.

(*b*) If the pains become continuous without any intervals or if the pains die away altogether, usually after the water breaks, the doctor must be called in at once.

(*c*) If the patient's face is anxious and her tongue coated and dry, the doctor must be sent for at once.

2. *Cord round the neck:*—This occurs in about one out of twelve cases. Often, it is not of much consequence, as when the cord is round the child's neck it is usually long. It should be loosened by gentle traction, and the shoulders should be allowed to slip through the loops; or, if the cord is long, it may be slipped over the child's head. In some cases, it is necessary to saw the cord through to prevent the child being strangulated. In such cases, the cord should be sawn through with the finger nail, and not cut; for if, cut, it will bleed profusely.



**Principal Presentations.**
1. Vertex. 2. Face. 3. Pelvic. 4. Transverse. 5. Brow.

3. *Breech presentation:*—This occurs in about one out of sixty cases and the labour is tedious, because the infant, being doubled at the haunches, requires a large space. In breech presentations, medical aid should always be summoned as there is frequently difficulty in the delivery of the head. Until the arrival of the doctor, keep the patient in bed during the first stage. Warn the patient not to bear down until after the breaking of the waters. But if medical assistance is not available, as soon as the child is born as far as the navel, pull down a loop of the cord and guide it to one or the other side of the pelvis, where it is less likely to be pressed on the head; then place a finger and thumb on the cord, as long as you can feel it beating do nothing else, but wait patiently for the birth of the shoulders. In many cases, the next pain will drag the child out, or else expel it entirely. Remember that as long as the cord is beating, you must never pull on

the child until after the birth of the shoulders. If you do, the arms will be caught up over the head and delivery will become much more difficult. But if the cord stops beating, the child must be delivered at once. Otherwise, it will die.

4. *Presentation of the hands or cross-birth*:—This occurs in about one out of 230 cases. In these, delivery without medical aid is almost impossible. Until the arrival of the doctor, the patient must be made to lie upon that side towards which the child's head is pointing. The operation of turning the child will probably be necessary.

Transverse Presentation So-called neglected Shouldar presentation, (*Farabeuf*)

5. *Twin birth*:—This ocurs in about one out of 70 cases. The presenting part generally varies, the first being the head and the second a foot case or the reverse. These cases generally terminate naturally. But the after birth of the first child is as a rule retained in the womb until after birth of the second child. After the birth of the first child, the presence of the second is known by the slight reduction in the size of the womb. Sometimes the "after-birth" of the first child comes away before the birth of the second, sometimes not till afterwards, and attempts should not be made to remove it, as there may be only one "after-birth" for both the infants. If there is any suspicion of twin-births, medical aid must be sent for at once. Till the arrival of the doctor, the womb should be stimulated to contract after the birth of the first child by keeping up a grasping movement of the finger and thumb on the lower parts of the bowels. Sometimes, the birth of the second child follows that of the first in ten minutes, and sometimes, some hours later. Under such circumstances, the woman should take rest until pains return, taking care that no bleeding occurs. The second labour is usually quicker than the first, the soft parts having been already dilated. As soon as the child is born, tie the cord in two places, but do not try to remove the "after-birth". After the birth of the second child and the passage of the "after-birth" special attention must be paid to the contraction of the womb. The womb should be pressed with the hand until it can be grasped as a firm hard ball, and the binder should be applied.

Twin Pregnancy. (*Galabin*).

6. *Presentation of the feet*:—One or both feet may come first, but this happens in about one out of 100 cases. The birth is generally safe for the mother but not for the child, which is apt to suffer from the circulation of the cord being obstructed by pressure. Medical assistance must be sent for at once. Till the arrival of the doctor there should be no interference with the patient. Let the labour advance. In all footing cases, the longer the buttocks are detained the greater will be the dilatation of the parts and the birth of the head will be more easy. When the breech is expelled, the cord should be examined,

—A footing presentation.

and, if the pulsation of the cord has ceased, the birth of the child should be hastened by pulling the body steadily down during the next pain. After the head is born, if there is pulsation in the cord, the child should not be separated for a few minutes until it begins to cry. If there is circulation in the cord, the infant should be treated as indicated in the case of still-born.

*Presentation of the face*:—This happens in about one out of 230 cases. Instead of the top of the head, the face may be present. When this occurs, the labour is protracted. The head and the face are swollen and disfigured, but the child is seldom in danger. In such cases, medical assistance must be sent for at once. Till that is had, do not allow the patient to walk about during the first stage of the labour, but keep her strictly in bed and do everything in your power to prevent early breaking of the waters. In the absence of medical aid, it is best to wait patiently for natural termination.

*Presentation of the forehead*:—The presentation cannot terminate naturally and the position must, if possible be corrected. Otherwise, the child's life is in danger. Therefore, send for medical aid at once and wait.

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# MALARIA IN CHILDREN

*By* DR. M. BAROOA, L.M.P., *Sahityabhushan*,
*Local Board Dispensary, P. O., Tinkhong, Assam.*

CONTRARY to the popular belief, malaria in children is very common; but, as ill luck would have it, no due attention is paid to this aspect of the disease, especially in the rural areas. The convulsions which may develop during an attack are very troublesome and try the attending physician's patience. These are sometimes followed by stupor or coma requiring active treatment and proper nursing. The superstitious village-folks attribute such signs and symptoms to an evil spirit and try to get rid of it by charms only.

It is in the fitness of things that every case should be treated on its own merits from the very outset, and preventive measures also adopted as "prevention is better than cure".

For the lay public, the best thing is to consult a doctor.

The following valuable abstracts taken from Rogers and Megaw's *Tropical Medicine* may, in this connection, be quoted:

"Malaria might also be described as a disease of children; it attacks infants and young children more *frequently than grown up people.*

............

In highly malarious places, the total infant mortality is often twice as high as in non-malarious localities, but as a rule, far too little attention is paid to infantile malaria. The chief features of the disease are progressive anaemia and enlargement of the spleen, but among the poor and ignorant, these manifestations are usually missed. Even among educated people, infantile malaria is often overlooked until the child is seriously ill. The response to treatment is often slow in children and relatively large doses of Quinine are needed.

The other special characteristics of the disease are:—convulsions are common, rigors rare, the fever is less regular than the adults, the spleen enlarges rapidly, vomiting is common, so also is diarrhoea with mucus in the stools. Enlargement of the liver is more common than in adults".

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# Common Disorders of The Expectant Mother and Childhood

*By* W. C. HANSZE, L. M. P. (MADRAS),
*Formerly Medical Officer of Madampe Group Hospital, Kahawatte, Ceylon.*

THE development of the infant from the earliest conception of life till the moment of birth is entirely dependent on the nourishment afforded by the blood of the mother; and it is therefore of the utmost importance that you, expectant mothers should "go into training", and devote the same care to the well being of the child before birth as you would after the child is born. Of prime importance is the diet which should be regulated on the following lines :—

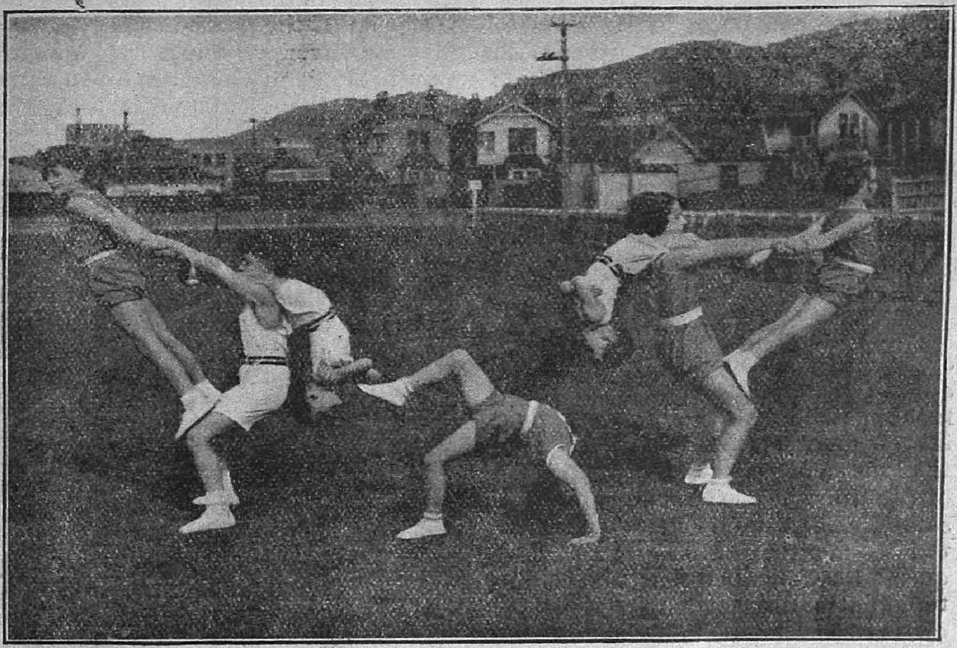
The following diet for all of you expectant mothers, is recommended.

Foods containing vitamins A and D: —fruits like banana, papaya etc. Green vegetables. Yellow coloured tubes as potatoes, sweet-potatoes (the yellow coloured variety), carrots, etc. Egg yolk (duck eggs contain more). Cod-liver oil, cod-roes and other fish-roes (Writer's favourite is Morton's Cod-Roes). Patent preparations containing vitamins A and D (available in one ounce vials) are :— Radiostoleum (manufactured by the British Drug Houses)— the doses may be given ten to fifteen drops three times a day; and Adexolin (manufactured

**"Here is Health"—this New Zealand family of seven Jenkins knows no sickness.**
Good health and development are gained by 75% food and 25% exercise. All these seven children aged from 4½ to 14½ are athletic, acrobatic and physically perfect. A happy and a healthy result of parental training.

by the Glaxo Laboratories)–the doses may be given ten to fifteen drops three times a day.

Keep a note in writing of the last day you had the menses (monthly period). In the sixteenth week of pregnancy, get yourself examined by a Doctor. If your gums or teeth or throat give trouble, do not delay in seeking treatment. You may not be aware that your mouth is septic if ordered by the physician. Thorough chewing of food is the natural cleaner of teeth as it causes a proper flow of saliva. Eat fresh fruits as oranges, apples, etc. daily. Fruits after meals help to keep the mouth clean. They also prevent costiveness and also supply the essental vitamins. Do not allow the bowels to get costive. If you allow a mass of filth to remain within the body longer than is necessary, illness



"**Here is Health**"—A clever balancing feat by the seven children. Healthy youngsters these! They will grow into fine citizens for their mother-land.

or having matter exuding from the gums; rub the fingers on the gums and smell. If there is a vaginal discharge tell the Doctor. It is most important to attend to the cleanliness of the mouth. Hygiene of the mouth before going to bed is more necessary than the first thing in the morning. After each meal. several mouthfuls of water should be sluiced in the mouth for at least two minutes. A medicinal mouth-wash should be used will result. Train the bowels to act once a day at regular hours until the habit is formed. The best time for such training is after morning meal. Never neglect a call of nature however inconvenient the time. Lack of exercise is a powerful cause of costiveness. Take some exercise daily. Do the household work as much as possible. Walk in the fresh air. Insufficient drinking of water in warm weather often results

in constipation. Take at least three glasses of water in between the meals. Avoid the use of alcoholic liquors in any form. The expectant mother must not yield to the caprices of appetite so commonly experienced. Riding, dancing, and all violent exercises of a straining nature, such as lawn tennis, badminton, driving at golf, etc. should be avoided after the fourth month of pregnancy or during the times every month when the patient would be menstruating if she were non-pregnant. The expectant mother should have her dress loose, so as to allow space for the growth of the child and to give a freedom to the mother; lungs sufficient to compensate for the increased upward pressure of the womb on her chest. If you have morning vomiting, try a cup of hot tea with light or unsweet biscuits (one or two), and stay in bed for about an hour. Severe vomiting requires medicines.

From the fourth month of pregnancy, bring up a sample of your urine in a clean bottle with your name on a label pasted on the bottle. (If there is any trouble coming ahead during the course of pregnancy, examination of the urine in most cases reveals the same). This should be done almost twice a month, or more often, if requested by the doctor. Take cold or tepid bath, whichever suits you, twice or three times a week. A bath, should not last longer than three or four minutes. Those with long flowing hair should wet the head first for a couple of minutes and the whole bath finished in about four minutes. Prolonged bathing is very harmful. The tonic effect of a bath diminishes after about four minutes (about ten to twelve jugs or buckets of water).

The mothers in Ceylon and India are more subject to those disturbances of body chemistry which at times upset the normal course of pregnancy. Such disturbances can often be corrected if detected early. For this reason, the urine should be examined during the course of pregnancy. If you have any of the following symptoms, do not take them lightly, but seek medical aid at once.

Headaches, diminished quantity of urine, disturbances of vision, persistence of vomiting, pains in the abdomen, swelling of the legs, anæmia, shortness of breath, hæmorrhage, sensation of the heart-beating on the chest or fever in any form. (Bring also a sample of urine when you come to consult the doctor for any kind of ailment during pregnancy. Until you go to the doctor, take only some light food as rice congee, barley water, orange-juice, and also less salt than usual. Suitable care should be given to the breast, as they increase in size and weight, a suitably arranged bandage or silk handkerchief will reduce the dragging sensation. In the last month of pregnancy, keep the breasts clean by washing with warm water or as advised by the doctor.

Massaging the breasts with some oil (as olive or gingelly) is also helpful. The nipple for three months before the birth of the child should be daily cleaned with Eau-de-Cologne or Rectified Spirits of Wine, and then rubbed with lanoline; (manufactured by Burroughs Wellcome & Co.) sold in tubes or available loose from any Chemist-shop,—or, if the nipples are retracted, they must be drawn out daily with finger and thumb.

Avoid taking meat during pregnancy (except once a week, or fortnight if this is impossible). The following articles can replace the meat in the diet:—milk, dhall, nut-food, and cheese.

# Infants' Teeth and Their Care

*By*
G. N. AIYANGAR,
*Senior Sanitary Inspector, Vizianagaram.*

THE teeth of infants are looked down upon as too insignificant ones for taking any care and are thus neglected. The cause of this neglect has led to severe ailments amongst them.

Every person cuts two sets of teeth during his life time. One is known as temporary and the other the permanent teeth. The temporary teeth are otherwise known as milk or deciduous teeth. They appear in an infant of about the seventh month in the normal course. These are twenty in number, ten lower and ten upper. The lower teeth appear before the upper ones.

The eruption of teeth is preceded in the infant, by itching of the gums, fever and diarrhœa. It has not been definitely known which of the teeth in particular bring in this trouble. Blame has been proportionately laid on the incisors and the molars, they being the sharpest and the bluntest ones, for this trouble.

The permanent teeth are thirty-two in number. They are found between the ages of 6 and 15 years. The wisdom teeth or the permanent molars as they are called, appear between the ages of 17 and 25.

A tooth consists of three portions: the crown, the root and the neck. The crown is that portion which is exposed in the mouth whilst the other two portions are below it. It is composed of a material called dentine. Dentine differs from bone in many respects. The crown is protected by a hard structure known as the enamel. This enamel requires to be safe-guarded, as, otherwise, the teeth would decay soon.

Dental caries is generally prevalent from childhood. The decay of the tooth causes severe pain and may at times result in an abscess. The decay should be prevented at the onset instead of remedying it subsequently.

Heredity has a great influence in the decay of teeth, although bad health also contributes to it. In a mouth where teeth are not crowded, the chance of fermentation of food particles is less, and the teeth are in a healthy condition. The dental caries has been attributed to deficiency of vitamins and not to the consumption of large quantities of carbohydrates.

Ante-natal and post-natal attention prevents dental decay to a great extent in the child.

As the milk teeth begin to form in the foetal stage, the mother should be fed with foods rich in calcium and vitamins. Green vegetables, butter, milk and eggs give the required nourishment.

After the child is born and when it discontinues taking its mother's milk, proper food should be given to it. Vitamin food should form the major portion. substances somewhat hard to bite would give strength to the temporary teeth. Further, this would increase the flow of saliva. The acid fermentation in the mouth would be neutralised by the alkaline reaction of the saliva, and they help the proper development of the jaws and teeth. Comforters and finger-sucking should be put down as they deform the jaws.

Children should be taught the importance of mouth washing twice a day. The use of twigs of margosa, babool, instead of a perennial tooth-brush. for mouth washing, is a good one. It should be insisted that children adhere to this practice. If permanent tooth-brushes are used, they should be exposed to the sun after each wash.

# CARE OF THE CHILD

*By* DR. B. M. KOTHARY, M.B., B.S., *Jodhpur.*

It is universal and perhaps quite natural for every woman to desire to become a mother. In fact, our religion regards barrenness a divine punishment and the social status of such a woman is very low simply because woman-hood without a healthy child is considered incomplete and untenable. It being so, it is but right that emphasis should be laid upon including the art of mothercraft in the education of marriageable girls so that she is adequately trained to look after the child and her own self after delivery. Moreover, such education is bound to reduce the infantile mortality which is quite high in India.

*New-born baby* :—It is a precious gift from Nature and must, therefore, be welcomed with due care and attention. Instead of being jostled about and admired by the relatives, it should be kept still, wrapped up to keep warm and shielded from any injury. The initial cleaning (soap water) bath should be finished as quickly as possible with the minimum of exposure and chill. Dusting lavishly after bath with absorbent and perfumed powers is quite in order. A healthy normal child should be active, alert, lustily crying, moving its limbs, taking interest in things around and responding to external stimuli in general. The natural orifices must be looked for their potency and normal functioning.

*Feeding*:—Feeding an infant is an art, and ignorance thereof may endanger its life. Breast milk for the first few months is the child's birthright. It is the most suitable food, easy of administration and beneficial both to the mother and the child in their normal evolution. Human milk has a composition and physical character which just meets the need of the infant. It is readily available, easily digestible, sterile, and its vitamin contents are valuable. It could only be denied under very exceptional circumstances like an acute maternal illness as active tuberculosis, pneumonia or puerperal sepsis and insanity. There is many a misconception about breast-feeding. Society woman thinks that it spoils her figure or that it assists the subsequent pregnancy. This is all wrong. In fact, it assists the involution of the maternal pelvic organs and promises a more straightforward convalescence. Women must regard this function as natural and undertake it willingly to avoid a psychological complex and maternal morbidity.

*Feeding routine* :—For the first few days, the child should be put to breast every 4 hours. Both breasts should be offered alternately; and nipples should be washed and dried before and after each feed which should normally last for about 20 minutes. Later on, the number of feeds should depend upon the child's weight (more if under-fed,) nutrition, weather condition, amount of mother's milk that is available and the digestion of the child. The only supplements that may be required by the breast-fed baby are unsweetened, boiled water or salt solution, diluted fruit and vegetable (spinach and carrot) juices, some vitamin preparations and cream. Modern trends in infant feeding are very elaborate which employ humanised milk, patent foods like Glaxo and Ostermilk, Robinson's Patent groats or barley, or mixed complementary feeds, which require addition of vitamins and vegetable broths and fluids and various modifications of cow's milk to suit a baby at different ages. Guard against overfeeding or

underfeeding by proper control over the type, number of feeds and their caloric value.

*Weaning* :—It is an important turn in the baby's life and spells a tremendous effect upon the physical and psychological development of the child. If it is weaned too early or too suddenly (before 9 months), because the mother is too delicate, old, temperamental or too preoccupied with social engagement etc., the child may be upset. Too late weaning must also be condemnend, because the habit of allowing children up to the age of one or two years to run to the mother to get breast feeds probably accounts for some of the characteristics in the mental make-up of the child in later life which displays too much dependance on the mother.

*Regular habits* :—'The child is the father of man.' Whatever habits are inculcated at this stage make up his life. Regularity in feeds, bowels and bed time will contribute quite a good deal towards success in later life. Daily exercise in a comfortable perambulator will procure the necessary fresh air and sun-shine. Constipation or diarrhœa with curds and mucus in stools due to indiscrete feeding must be corrected. Proper cleaning of the mouth, use of 'Bone ring' or 'Baby bite' to chew and application of Boroglycerine will facilitate teething.

*Post-natal care* :—And lastly, we must supervise the mother's convalescence to prevent ill-health. Gentle exercise, good food, vitamins and fresh air will assist lactation and facilitate change-over from rest and ease to a busy life. The breasts should be supported properly but not constricted. Lacerations of the birth-canal during labour must be properly treated. Uterus must be supported and ring pessaries advised for retroversion. During pregnancy and delivery, there has been gradual softening and stretching of the pelvic parts which, after labour, should shrink back to normal. This can be easily achieved by a few simple exercises like these :

(1) Lie flat on the back with the arms by the sides. Lift arms up to a right angle, with inspiration and expiration alternately.

(2) Lie flat on the back, the hands on the hips. Raise head from pillow and replace. Repeat.

(3) Lie flat on the back, the hands on the hips. Bend the knees with feet on bed. Flex each leg and thigh, extend leg, and replace on bed.

(4) Lie on the back, the hands on the hips. Raise the back, resting on head and heels.

(5) Lie on the back with knees flexed, the hands clasped around them. Raise and flex trunk until chin touches knees. Repeat.

(6) Lie flat on the back, the hands on the hips. With deep inspiration draw in abdominal wall, and contract perineum as though holding a motion.

(7) Lie on the back with the hands on the hips and knees flexed. Lift the pelvis off the bed, press the knees together and separate widely alternately.

(8) Sit on the bed with legs straight and stretch arms above the head. Reach forward to touch toes, alternately in inspiration and expiration.

If only we could successfully assist the normal functioning of a woman by looking after the mother before and after delivery, and proper nursing of the child, we shall have done our duty as her partner in life.

# CARE OF CHILDREN


—By—

Dr. KRISHNA PANA,
M. B., B. S. (FR.),
*Bangalore.*


BRINGING up of children is a sacred duty which falls mostly and solely upon mothers. They ought not to neglect this duty, or trust servants or relatives, unless they are sick or disabled. Ill health and infirmity are more often observed in human beings than in animals and birds. A large share of ill-health of the adults arises not only from the ignorance of the mothers and nurses regarding the hygiene of infancy, or how to feed and clothe their offsprings, but also from their great neglect during the first year of existence. Undoubtedly, a large share of the most serious constitutional or accidental diseases from which adults suffer have their foundation laid in infancy by various injuries or injurious practices. I do not say, that most mothers neglect their children in infancy. But still, the most careful of mothers are sometimes taken aback in face of some disease of their children due to previous accidents (fall, knock, kick, jerks, etc.) never reported to them or noticed by them. Take for instance the case of a baby whose mother has gone to the cinema, club, ball, or meeting or to any other place of distractions, leaving her child in the care of a servant or relative, whose affection for the baby is, naturally, quite different from that of the mother. This baby happened to sustain a severe fall on his head or body, no sign of external injuries is visible; the baby is pacified and the accident, for fear of the consequences, is a closed chapter to the mother. Few hours, days, months or years later, the child is suddenly taken ill with convulsions, epileptic fits, meningitis or paralysis of orbicular nerves, stiffness of the neck, contraction of the extremities, paralysis of the arms and legs, inflammation of internal organs, abscess and phlegmons, etc. The poor child suffers now not only with the disease which has affected him, but suffers also with the numerous pricks, tests and cuts in the hands of doctors, quacks and hakims whose efforts to trace the source of the disease are sometimes of no avail. The wrong treatment continues most of the time and the child becomes a cripple for life, or even succumbs to the disease, a mere victim of his mother's neglect. If he had been attended to immediately after the accident, his health would not have suffered and his life would have been spared.

I have witnessed many ill-treatments of children by Ayahs, Chockras, etc. I have seen small children getting severe beatings and hits on their heads from their Ayahs whom they have disturbed in their idle chats with other servants. Injuries without cuts or bruises on the heads go unnoticed. I have seen menials pulling suddenly in anger at the tender limbs of very young children with such force that the youngsters go howling with pain, limping for a long time. This sort of treatment is liable to injure the muscles, nerves and ligaments of the limbs and cause dislocation in their joints where sometimes an abscess or phlegmon may develop through inflammation. At other times, I have seen two kiddies, each two and three years old, taken in one and the same pram. One of the two kids being reluctant, the Ayah, in her anger to silence him, suddenly pushed the handle of the frame towards the ground, the result being that the child, seated in the pram facing the handle, was thrown like a

bundle on the ground, head down of course. The child was yelling with pain, his hands on his poor head and the distressed Ayah pacifying him. Some public gardens are provided with small cisterns full of water where, while their governesses are absorbed in chatting, the children are not noticed and so they start playing in water. The result being a severe head cold or a chill turning into pneumonia, pleurisy and later, a weak chest and tuberculosis.

The injurious practices amongst the Ayahs and amongst children left alone are numerous. For instance, to keep precocious a child quiet, while out in the evening, his Ayah buys for him, from her own money, all sorts of rubbish sold on the roadside. Over the valuable Ovaltine rusks or Glaxo biscuits, of which the child's mother has given him a stomachful, before leaving home, they give the child all manner of cheap eatables which have been exposed to flies and road dust making the child ill with vomiting, stomachaches, diarrhœa, fever and other complications.

Sometimes, it is a well-known fact that to keep a restless child quiet at night, opium or few drops of brandy are considered valuable remedies in the hands of the child's care-taker. If this dangerous practice is continued for a long time, the child becomes anæmic, stupid, backward in his studies and even silly.

To keep a child quiet or attract his attention to his food, his Ayah or Chockra oft-times frightens him with awful noises or showing to him frightful sights of beggars or animals. Thus frightened, the poor child submits to the whims, will and pleasure of the Ayah or Chockra. He gets alarmed and is restless each time his imagination goes to the noise or the frightful animal—objects of his daily torture from his governess. He is often seen hiding under a table or behind a door, sometimes screaming for a simple noise and running for a hiding place. At night, he screams in his sleep and soils his bed. If this state of fear continues, the child's health breaks down and he becomes weak, nervous and a coward.

To leave a child alone is another injurious practice. Among animals in isolation and sometimes in freedom, it is well-known that various forms of spontaneous solitary sensual excitements occur. I hope I'll do a service to mothers by revealing that some cause of the ill-health of adults is not only due to bodily accidents that occurred in infancy but also to some sort of solitary pleasures felt accidently or otherwise and practised even from cradle. If observed and not checked in time this sort of practice takes the child later to general debility, to hysteria at the approach of maturity and, later, to consumption.

The conclusion, therefore, is that parents should bring up their children under their own direct and perfect supervision, especially in their infancy. Otherwise, much trouble will be in store for them in later years.

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**Responsibility of Parents**

We know from experience in animal breeding that the best, the healthiest and the strongest of animals are the offsprings of generations of sound and sturdy parents. The same is true of human beings, so the first and important thing that parents may do for their children is to strive to be well and strong themselves.—*National Health Publication.*

# The Bearing of Mothercraft Teaching
## On the Prevention of Juvenile Delinquency

By JUDITH E. R. KENNEDY, *Probation Officer, Willesden (London) Police Court.*

**Defective Discipline Fosters Delinquency.**—There are many types of parents with whom I have come in contact (and mothers in particular, as it is they with whom we are chiefly concerned), who are the primary cause of their children becoming delinquent. Firstly, there are those whose ideas on discipline are wrong. Some mothers lack any idea of discipline at all. Others are slack in their discipline, and then, again, there are the mothers whose discipline is inconsistent. One day they are very strict, and the next day they are very slack. All these homes in which there are parents whose discipline is defective are breeding grounds for delinquent characteristics such as deceitfulness, dishonesty and lack of control on the part of the children. It is from such homes that we get a large number of children who have to be brought before the Court under that Section of the Children and Young Persons Act, 1933. that gives the Justices power to deal with children who are beyond the control of their parents, or whose parents or guardians are not exercising proper control, and are thus falling into moral danger or bad associations.

In considering some examples of parents who fail in their duties to their children, one can see that it is their homes that would have benefited by the mother having had some training in the art of mothercraft.

**The Significance of Mothercraft.**—There is the home where there is a lack of moral training both in the general sense and the real meaning of the word. Here again are the homes from which we get what are known as "beyond control" cases, and cases of children, generally girls, who are in moral danger. The parents fail to teach their children any decent standards of life, and fail to give them any elementary sex training, allowing them to go out into life with very poor ideas, if any,of a decent mode of living, or any knowledge of life and sex.

Another cause of trouble in young people to-day is their complete lack of understanding of the meaning of the words *honesty* and *truth.*

I think, the present-day idea of getting everything for nothing, coupled with the fact that so much is provided for nothing, has reduced the standards, of personal responsibility to a very low level. There are so many people who feel the best way of living now is to get as much as you can out of life, either for nothing or in return for as little as possible. The children, who are brought up in this atmosphere and who see their own parents set out to get as much as they can for nothing, are naturally bound to feel that they can do the same. Unfortunately, the present war-time conditions are encouraging this outlook. The evacuation of children, which, I admit, is a necessity, has undoubtedly encouraged this type of parents, who are only too anxious to shelve the responsibility for the training and maintenance of their children on to anyone else who will, or has to, have them.

I am convinced that the amount that is done by present-day social legislation, such as free cleansing of children by school and health authorities at the clinics, free medical attention for children at the school clinics, the provision of free clothes in evacuation areas, and even free schooling itself, are all a further encouragemeut to these parents who are out for all they can get.

I have so often come across parents

who, when I speak to them about their lack of provision of proper boots for their children, have turned round to me and said, "Well, Mrs. So-and-So, who lives down the road, gets some free boots for her children from the school, so why shouldn't my children get the same ?"

Another type of parent who is the cause of delinquent tendencies in children is the one who sets a bad example. This can be done in so many ways, either by heavy drinking, bad language, slackness in their personal appearance, or slackness in the home.

Here again can be mentioned the parents who do not set a standard of decency. The woman who fails to keep her children clean and tidy from their early days, does not realise the effect it will have on the child all through its life.

There is one thing that has struck me so much about our own mothers as compared with those of some other countries. At different times, I have spent quite a considerable time in Italy, and one thing that impressed me very greatly was that you so seldom saw a ragged Italian child. The children there might go to school in a pair of brown trousers with a large blue patch on the seat, but you would very seldom see a child go to school with a torn pair of trousers, whereas in this country, more often than not, you will see a child going about day after day, week after week, with no buttons in its coat and very torn clothing. Is it to be wondered at, then, that a child who grows up untidy and unkempt of appearance has very little self-respect ? Is it surprising that they easily get into trouble ?

**Training in Self-control.**—It is most necessary for parents to check lack of control in a child or toddler from its early days. If a child is not taught to control itself from the start, this fault goes from bad to worse, and as it grows up, this lack of control becomes an even greater problem than it was in its earlier stages.

The girl or boy who is allowed to get unruly is much more likely to get into trouble than one who has been taught to control himself.

**Faith in their Parents.**—Then there is the type of parent who fails to keep a promise made to a child. When a parent promises something to or for a child and does not keep that promise, the child, from early in life, begins to lose faith. Many parents are ready to promise their children things, thinking that the child will forget about it, but my experience is that if a child wants something, and wants it badly, that child will not forget it. This trust in the parent will lie dormant until the promised time, then the child asks again, firmly believing that what it has been told will become an accomplished fact.

**Responsibility.**—There are also a class of parents and mothers who fail to teach their children their responsibilities to others, or what is perhaps better described as decent citizenship. The child who is allowed to be selfish in the home is depriving some other member of that household of something. If children can be taught from the early days to be thoughtful and helpful to others in their own home, then it will come naturally to them, when they pass out of the home into the world at large, to be thoughtful and helpful to others around them.

The attitude of a child to its brothers and sisters, to its parents and immediate neighbours, will be its future attitude to the world in general.

Lastly, there are the mothers who fail to give to their children the real love and affection that is their birthright, and which is as necessary for their proper development as food and air. The mother who does this builds for herself something quite indestructible, that will stand as firm as a rock through all the storms and stresses of a child's life, as it passes from childhood to adolescence and on into man- or womanhood.—*Mother and Child.*

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# PROTECTION OF MOTHERS IN RUSSIA

*Adopted from the "Indian Medical Gazette"*

UNDER the Labour Laws in Russia, great privileges are granted to the pregnant and nursing mother with the object of securing or increasing her economic independence, and to facilitate the rearing of her child. Discharge of a woman during pregnancy or while on motherhood leave, is forbidden: She must be reinstated in her post after leave, and no night-work or over-time is permitted. In the case of factory workers only, there exists a unique provison for maternity. Under the system "Leave by degree" a woman is entitled to leave with full salary for a period of sixteen weeks, eight weeks before and eight weeks after delivery. If the woman or her husband is insured, in addition, a sum of money will be grated for the care of the infant and also 25 per cent of the wages of the woman will be paid monthly for nine months from the time of the birth of the child. To all women workers are extended the privileges of the use of consultation centres, milk kitchens, medical advance, etc. In the case of the poor mother, money will also be provided for the *layette.*

Once a mother returns to work, she is entitled to-half an hour's rest for every 3½ hours' work during the nursing period. If she is employed in a factory, the child is placed in the factory creche under the care of doctors and nurses. If the child falls ill, leave is granted to the mother on full wages.

Naturally, such a system costs an enormous amount of money and there are various sources from which funds are obtained. The most important of these is a State Social Insurance which applies to hired workers only. These, however, include workers employed by the State or by communities or private individuals. This tax is paid exclusively by business and industry. Fifteen to twenty per cent of the profits are utilzed for this purpose, and the Insurance provides not only free medical aid to all workers, but pensions for aged workmen, and support during unemployment for the worker and his family. It pays also for the assistance during pregnancy, confinement and for nursing care, and for the *leave by degree.* The budget for prövision for mothers and children in 1934 was the equivalent of 120 million rupees. The rural worker (for exmple a worker on a collective farm) is on the same footing legally, but is not a hired worker and, therefore, cannot be benefitted by the funds of the State Social Insurance. Assistance in this case can be provided from the collective farms funds only. Usually, one month before and one month after delivery on half wages is the maternity leave available for the rural worker.

It is an interesting development of this programme of mother and child protection that all public conveyances give preference to expectant mothers and to those with infants in arms.

Consultation centres:—The development of 'Consultation Centres' for women and children is a feature of the progamme of the Department of Protection of Motherhood and Infancy. These centres have both curative and preventive functions related to (*a*) preganacy, confinement and gynæcological disease, and (*b*) infant care. They also participate in the work of health centres by planning measures to protect the health of the woman worker.

The consultation centre for women may be separate, but is usually connected to a centre for children. Medical pre-natal care, health advice, and instruction are given: the diagnosis and treatment of gynæcological diseases are undertaken also.

# DARKENED CHILDHOOD

*By* LACHLAN GRANT, M.D., D.P.H.

The neglected, unloved child is the worst example of human loneliness and isolation. Each such case is a tragedy in real life, and the consequences to the young unfortunate and to society are destructive and far reaching.

*Unmothered*, repressed, stunted or cruelly treated children begin life with a dreadful handicap, and are apt to develop the mental abnormalities and moral aberrations that characterise social misfits, inveterate criminals, intellectual weaklings and mad misanthropes. In later life, they are perhaps, dimly conscious of having lost or been robbed of a portion of their birthright. If they do not become exactly social outcasts, they feel themselves subject to a moral and mental boycott; and if not hunted by the minions of the law, they are haunted by the "stubborn unlaid ghosts" of a darkened child-hood.

Real orphan-hood may be the sad lot of children whose parents are still in the flesh, and it is the most cruel of all. For legal orphans, there is possible salvation in a well-conducted institution or by adoption in a sympathetic family, but for the child of drunken, vicious, cruel, careless parents there is little chance of escape. To see a baby in the arms of a tipsy, bedraggled mother, or deprived of the first necessities by an indifferent, selfish father, suggests the very abyss of ill-fated orphanhood; and the law is not half stringent enough in dealing with such parental dereliction and callousness.

Nothing can fill the place of the loving, patient, and understanding mother. The next best for the orphan child is the dutiful care of a sympathetic, intelligent, cleanly woman gifted with the motherly spirit. There are many such available and willing to act the part of queen, protector, guide and friend to the forlorn, little innocents if given the opportunity and the means.

Orphan homes have done, and are doing, much good, and have saved thousands of boys and girls for useful careers in the world; but, after all, in the best of them, there is a certain *lack* of the indefinable spirit of motherhood. This quality is more likely to develop in smaller groups, or in the more intimate associations of normal family life. In dealing with little children, the further we get away from institutional methods the better. Love and sympathetic understanding are more important than drill and educational programmes.

Napoleon knew something when he *adopted* all the *orphans* of his soldiers, and the salvage of human life and talent he inaugurated in the State was some offset to the waste of militarism.

Besides the baneful environment and economic distress that, in so many cases, adversely affect the great mission of motherhood, and over which the individual has little or no control, there are other blameworthy elements due to the mother's own negligence and want of training.

While the ideal and status of motherhood have been gaining in importance, there are still to be found in all classes a number of slackers and shirkers who neglect their manifest duty to their offspring. Among the well-to-do, there is the type that prefers the meretricious attractions of smart society to the *prosaic call of the cradle*; and amongst those less favoured in worldly possessions there is much indifference and ignorance regarding parental responsibilities.

In the case of the *young* mother we should

"Be to her virtues very kind :
Be to her faults a little blind."

But for her own sake, as well as for the welfare of the child and the claims of society, there are some things not to be ignored or glossed over as matters of private concern. One of these is the all too common one of trying to evade the healthy mother's natural function of nursing her own baby. There are cases where constitutional defects interfere with that all-important ingredient in giving the infant a good start in life, and for such the best that science, experience and motherly care can provide is all the more required. But for the deliberate shirkers from selfish motives there is no valid excuse. The butterfly and the flapper may find it hard to break old habits and settle down to the hum-drum domesticity, and to feel that "a babe in a house is a well-spring of pleasure." But it is better they should learn their lesson sooner than later.

Every mother ought to consider herself endowed with a sacred trust and her ambition should be to give her child every advantage that conduces to physical health, mental development and moral stamina. What appears to be minor details are often important factors, and so is the mental attitude of those in contact with the budding young life. Regularity, right food, proper clothing, careful cleanliness, hygienic surroundings will prevent many avoidable ailments and diseases due to lack of care and understanding. And intelligent watchfulness, with firm and sympathetic attitude to the child's elemental impulses will ward off undesirable mental and moral traits that often have their origin in the very early periods of life. "Children first" should be our social motto, and a "good time" for parents at the expense of childhood should be taboo throughout society.—*Medical World.*

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# THE PROBLEM OF
# CHILDREN BORN IN LEPROSY COLONIES AND VILLAGES

Adopted from 'Leprosy Review'

Ample evidence, exists to prove that the earliest possible separation of the infants born to leper parents is absolutely necessary if a decrease in the incidence of leprosy is to be brought about. This indeed constitutes one of the gravest and most difficult problems in the control of leprosy by voluntary isolation of the more infective cases in leper colonies and villages among backward races, so often living in one-roomed houses or huts in warm areas of Asia, and Africa, and is worthy of further consideration.

**Other Data Bearing on the Subject.**—The great danger to children brought up by their leper parents was convincingly demonstrated during the earlier years of the great Culion Island leper settlement of the American sanitarians in the Philippines founded in 1906. Some five thousand infected people lived under family conditions in their own houses and, as Lampe showed, in Surinam the fertility of leper women is not reduced, and that of males is only materially affected in advanced cases, several hundred children were born in the settlement. Later, Denny recorded data to show that no less than 44 per cent. of the children who had lived with their parents for from 7 to 10 years had contracted the disease.

It is clear from such data that, in

view of the larger families of backward races, mostly living in one-roomed houses, and after allowing for the high infant mortality among them, child infection would not only suffice to maintain the incidence of leprosy indefinitely, but may well result in a steady increase in its prevalence.

**Preventive Measures.**—(1) *Separation of Infants from birth from Leper Parents*:—It is generally admitted that leprosy is exceedingly rarely, if ever, hereditary, and even hereditary predisposition could not be proved by careful study of Phillippine data. The effectiveness of removal of infants from their leper parents and bringing them up in a separate part of the same institution, was demonstrated at Tarn Iaran and other Missionary controlled leper asylums in the latter part of the last century. Not only nearly all the children so removed, but their children also remained healthy. This plan has been adopted in the recent years at Culion, and the results when available should be of great interest. In the old prison-like compulsory isolation leper asylums, the enforced separation of the sexes afforded another solution of the problem, which is also practicable.

In tropical countries, the isolation of infants is greatly limited by the difficulties and cost of hand feeding of infants apart from their mothers, and in supplying the highly trained nurses essential for its success. In Madagaskar, the difficulty was met by accommodating the infants in the separate houses removed from their parents, but being taken to their mothers regularly to be suckled with every precaution against infection. In Gigeria, in some instances, it has been found possible to send infants born in leper villages to be brought up by healthy relatives elsewhere; all these plans were practicable.

2. *Prevention where the above measures are impracticable*:—Many thousands of infective cases are now flocking to the modern agricultural colonies and model leper villages in Arfrica and elsewhere, but the heads of families will as a rule refuse admission without their wives and also to part with their children from birth. Some other solution is therefore urgently required to prevent leprosy being maintained indefinitely through the progeny.

3. *Voluntary sterilisation of the leper male heads of households*:—An effective solution of the dilemma has already been provided by Dr. R. M. Wilson, who built a modern leper colony in Korea by leper labour. He has recorded that he found that the separation of the sexes and the prohibition of marriages in leper institutions resulted in many illegitimate children being born who are very liable to infection. Many suitable patients left, lived a married life in camps and had many children, half of whom contracted leprosy from their parents, thus perpetuating the disease. He, therefore, started a self-supporting colony by allowing couples to marry after the male partner had been sterilised by the simple operation of vasectomy under the local anæsthetic. This in no way interferes with normal married life, but suffices to prevent the procreation of children by the husband.

The terrible and expensive tragedy, reported in 1933 by Dr. Lampe from Dutch Guinea, of children born and infected in the leper asylum, who lived there for eighty years, can thus be averted.

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## Child Rearing

WRITING under the heading 'Child Guidance Clinics' in the Journal of Iowa State Medical Society, Mrs. E. T. Butterfield, gives referring here and there to Sadler, Watson and McDougall, some useful points on the knowledge of child-rearing. The following are some of them :

The first few weeks of a baby's life do much to determine his adult character. If he gets what he wants by crying for it, that same child as an adult will consciously turn to tears when a situation arises in which he is dissatisfied. Some swear or indulge in vocal outbursts ; instead of tears the vocalisation got them what they desired as infants.

Petting or pampering offsprings by our anxious mothers will result in producing a week-kneed individual. Our attitude should be one of firmness but fairness in order to secure a maximum of co-operation with a minimum of dominance.

Child culture is simply a matter of common sense and reasonableness. In treating a pre-school child we must first gain his attention. The commands should be few, appropriate, reasonable and couched in the fewest possible words. Promises or threats which cannot be carried out are detrimental since they de ract from the child's respect for his parent's word. Parents should attach less significance to minor problems of stealing, lying and masturbation, and more to the grave dangers of jealousy, self-consciousness, day-dreaming and temper tantrums which indicate serious personality disorders. Experiments prove very definitely that before the end of the first year a positive personality has been formed-that at that time one can tell if the child is the dominant type, the agreeable or the show-off. It is therefore important that we spend more time with our children this first year than later.

Teach them obedience by choice. We want co-operative obediences and not slavish obedience.

Answer their questions frankly and to the child's satisfaction. Gratify their curiosity and keep their confidence. If they play with imaginary children, see that they have live pets or playmates to take the place of their "phantasy" playmates. Give them a positive training.—*Iowa State Medical Journal.*

## Disorders of Children

LET us take a look at some of the disorders of children. There are disorders of personality, of behaviour, habit disorders, physical disorders and mental disorders without apparent cause. Professional guidance should be solicited for getting the third and fourth disorders cured.

The disorders of personality are timidity, obstinacy, irritability, sensitiveness, shyness, day-dreaming, lack of sociability and emotional disturbances. About emotional disturbances, it must be noted that a child can be loved and felt secure in his parents' love without the usual hugging, kissing and fondling. It is unnecessary that children should be present at the times of teary farewells or at death-beds, but if they must, our parental example of calm, controlled emotions should aid them.

The disorders of behaviour are truancy, wandering, temper tantrums, lying, stealing, begging, cruelty, sex misdemeanours, food fads and refusal of foods. For example, let us take tho refusal of food. If correct eating habits are found from the first refusal of food will be very easily avoided. Food habits should be cultivated by the following rules. Serve new foods in small portions (it is not rediculous to put but two peas on a plate, increase portions gradually. Never talk of food dislikes in the child's hearing. Do not discuss the child's passing whims for certain foods. Completely ignore gagging over any food. Develop an attitude of pride in a good appetite and a liking for all foods. Keep the diet simple with few seasonings. Do not let the child eat between meals unless it is fruit juice even though he might have eaten nothing in the previous meal. When he refuses a certain food, serve no other until it has been eaten.

Mental disorders are anxiety, hysteria, phobias, obsessions, compulsions and tics; all these have their remedies although the lay man cannot always take care of them himself. He can aid the physician in establishing the cause underlying these types of behaviour and co-operating in the treatment. Take phobias for instance. One can begin with the child, and at the first sight of any phobia check it by reasoning, by your own example as a useful protective mechanism rather than a troublesome personality problem.—*Iowa State Medical Journal.*

## Vital Facts About Baby

THE most dangerous period in the life of a child is the first month of its existence.This danger is due principally to the changes brought about by the child living as a separate entity.

Some of these dangers are beyond the control of doctors or nurses ; others, if the necessary knowledge is applied, can be either obviated altogether or surmounted if they arise.

The eyes of an infant should receive care from the moment it is born. Any discharge from them should have immediate and skilled attention.

Nasal catarrh is as common in infant as it is at any other age, and, as it gives rise to many troubles, it should be dealt with.

Clearing the nostrils with an alkaline douche should be carried out frequently.

Nothing except sheer necessity should withhold from an infant its natural diet. Sometimes, there is difficulty about this on the part of the child itself, but mothers should make every possible effort to overcome difficulties of this kind. If they do so, they will not often fail.

Occasional vomiting of infants should cause no alarm. It usually indicates too much food has been taken. On the other hand, any persistent or prolonged vomiting calls for expert advice. The effects of gross overfeeding or of infected milk call for obvious remedies.

Milk can be too rich in fat as well as too poor. This condition is unlikely to be found in towns, but it should be borne in mind by those living in the country, as should also the fact that milk varies in quality according to the season of the year.

Regular habits should be taught infants at the earliest possible moment. It often surprises me at what an early age this may be accomplished.

Convulsions in children are common occurrences. Their cause may be anything from a serious mental state to the beginning of a cold or a fever. The treatment common to all types is to place the child for a short time in a warm bath, and then wrap it in a blanket until the doctor comes.

Convulsions in children are very distressing to mothers, so I am happy to be able to assure them that a fatal ending rarely occurs from a single convulsion, or even from repeated short ones. Still, early advice should be sought because there must be some cause, and this should be discovered and treated.—*Home & Homœopathy.*

## Home and School

THE school is, after all, but the lesser part of a child's total experience as far as time is concerned, and it is difficult to state what relative influence the school and the home exert on the child's development. It is certain, however, that the home and the school must co-operate in a successful program of health education. Some of the situations in which co-operation is essential are indicated in the following:—

1. The school may teach dietary principles, and proper preparation of food, but in case the home diet is unwholesome, the influence of the school is in large part nullified; 2. The home is responsible for the amount of sleep which the child takes, for the frequency of bathing, for the proper use of clothing and other important health practices; 3. The example set by parents themselves in the home may discourage the children from practising health habits: 4. Lack of co-operation in the homes makes control of communicable diseases more difficult, and teaches the child to disregard school and civic regulations such as those regarding quarantine and exclusion from school.

Adult education must accompany that of the child. Hundreds of thousands of parents err through ignorance, and would welcome information intelligently and intelligibly supplied. This is evidenced by the tremendous attendance at round-table conferences and parent-education classes and conferences.—*Health Education*, WOOD, THOS. D., New York.—*The National Health Review.*

## Educate the Woman

"IGNORANCE, poverty, misery, suffering, illness and economic conditions in the home and ill-timed and tactless remarks affect the sensitive psyche of the child and cause unhappiness" writes George Dow Scott, M.D., in the course of an article in a recent issue of The Medical World (July, 41)

"The recital of unhappy marriages destroyed romances, of ghost, crime, or murder tales instead of stories of noble deeds by national heroes or heroines, depress and may not only result in disappointment but may be a factor in an inferiority complex, or even in suicide. When the union of man and woman is actuated solely by passion, rather than reason, where there is lacking spirituality and unselfishness, where there occurs racial, religious, or general incompatibility and when loose morals and depravity are present, the child is deprived not only of a happy home life but of a sane and joyous future. Since it is the woman who organically suffers more than the man by the unhappy union and from various habits, but who supplies nourishment to the fecundated egg and who to a great extent is the bearer of disease potentialities, it becomes increasingly evident that, if society expects healthy and gifted children, it must *educate the woman* for marriage and protect her from plasm contagion, *by strong inflexible laws.* Antisyphilitic and antigonorrheic campaigns and the sterilisation of the unfit are protective measures but they are not enough. Separation and divorce with the shuttle-cocking of the child between the parents results in a dispirited psyche, unbalanced metabolism, and an unsuccessful existence. Religion is one of the most powerful motivators which provide a happy home and ambitious, successful children. The power of prayer not only acts as a constructive and binding agent but as a remedial one as well, for it has long benefited mankind through suggestion.

Alexis Carrel says, "Our present conception of the influence of prayer upon pathologic lesions has been based upon the observation of patients who have been cured almost instantaneously of various afflictions such as peritoneal tuberculosis, cold, abscesses, osteitis, suppurating wounds, lupus, cancer and other ailments." The healing process differs little among individuals. There is often an initial agonising pain followed by a sensation of relief, that of being cured. Sometimes, within a few seconds, or atmost a few hours, Carrel affirms, wounds are cicatrised and pathologic symptoms disappear and the appetite returns. Under the power of suggestion, functional disorders may vanish before the anatomical lesions in the organs are self-repaired. The skeletal deformities of Pott's disease and of cancerous glands he says, may still persist

even for two or three days after healing of the main lesions has taken place. The author adds that the state of prayer surrounding the individual and of which he is perhaps conspicuously unconscious, he being purchance of no particular religious faith or conviction, may still exert a powerful influence upon his body organs.

## Royal Families

INTERNATIONALLY known as a student of heredity in royalty, Frederick Adams Wood has left a legacy of interesting facts on fecundity in royal families. After combing the *Almanach de Gotha* for 1923, when royalty still sat on thrones, and analyzing the genealogies of twenty-one families comprising about 900 persons, Wood finds that, even allowing bachelors, the males live well over three adult offspring, on the average.

Assuming that there are 900 persons of royal blood of both sexes and that they leave only three survivors for each male, he calculates that there would be 1,350 in the next generation and 2,025 in the one after that. Counting three generations to a century, there would be in 200 years 10,251 offsprings; in 400 years 116,711; in 600 years 1,334,135, and in 900 years many millions.

From all this, Wood infers that since the families examined have been flourishing about 900 years and the non-reigning houses have just as many children as the reigning, the chances are that the royal houses "will still be going strong hundreds of years from now and that they will be more numerous than they are at present." If Wood is right, then we shall have to throw aside the old supposition that luxury leads to sterility and that aristocratic families are bound to disappear. —*New York Times.—National Health Review.*

## The Health of Children improved by Migration to the Country

THE City children (London) sent to country districts and allowed to settle down as a precaution against air raids adapated themselves to the ways of their hosts and the conditions of rural life. Practically all improved in physique, general health, poise and bearing. Pure air, wholesome food, and longer hours of sleep brought about increase in weight and height, rosier cheeks and greater physical strength.—*Journal of Indian Medical Association.*

MILK is made (by the mammary glands) while the baby nurses, or while any other active local stimulation is being applied. It does not "come in," and should not be taken out, unless it is needed. Where there is no demand there will soon be no supply. Conversely, where there is increased supply, there must be regular and continuous demand (nursing, pumping, local stimulation) backed of course by suitable food for the mother, with mental and physical rest, and the conservation of every other source of maternal energy. Dairymen tell us that dog-chased, worried, and restless cows are poor milk producers.—*Medical World.*

## Carrots for Health

THE carrot has at last received the approval of doctors. Recent experiments have confirmed the Swedish discovery that its yellow pigment, carotene, leads to the production of vitamin A in the body. And vitamin A is of great importance. It helps to defend the body against infection and assists recovery from disease. This vitamin is also growth-promoting agent.

Young carrots are abundantly supplied with this vitamin, and, indeed, with vitamins B and C, and probably D.

Young carrot contains no vitamin A. its carotene can manufacture it in the body; and indeed, with vitamins B and C, and probably D.

Even if a carrot contains no vitamin A, its carotene can manufacture it in the body; and in this respect the carrot is said to be the equivalent of an equal quantity, by dry weight, of cod-liver oil.

Most value is obtained from carrots when they are eaten raw. They should be young ones. An excellent way of eating them is in salads, finely chopped. If you cook them you will not obtain quite so much vitamin, but the quantity is not seriously diminished.

They may be cooked in milk, which may afterwards be thickened as a sauce.

Here is a nourishing carrot pie which will cleanse your blood and supply the vitamins, sulphur, iron and other substances which you may need. Boil carrots soft and mash through a colander. Use, for one pie, four large tablespoonfuls of carrot, two eggs, a pint of milk, and flavour with sugar and nutmeg. Bake carefully and eat while fresh.

Apart from its vitamin-providing properties, the carrot is a real food. Though its protein content is negligible. It is rich in sugar containing approximately ten per cent. of fruit or cane sugar. In addition to the red crystals of carotene and the important mineral salts, the juice contains pectain, albumin, and a volatile oil on which the medicinal virtues of the root depend. On the whole, the carrot is more nutritious than the turnip. Unfortunately, however, it is rather indigestible, but its tendency to cause flatulence can be diminished by seasoning with pepper.—*Home & Homœopathy.*

## Psychologic Effects of "Blitz" Warfare

DR. R. D. Gillespie of the British Royal Air Force, was on leave of absence for the express purpose of making a first-hand report to members of the medical profession in America on the psychologic effects of "blitz", warfare on civilians and armed forces.

Among Dr. Gillespie's many important findings on this subject is the fact that chronically neurotic people and those suffering from mild depressions have became chronically heroic and self-sacrificing under the stress of bombing raids. He has also noted that women stand up as well, if not better, than men under civilian bombings.—*J. A. M. A.*

## Instructions for Expectant Mothers

1. Mothers should be surrounded with beautiful and cheerful enviroments; the mothers' eyes always resting on beautiful design, natural sceneries, her ears hearing new music, hands doing painting and gardening and feet practising rhythm dancing exercise. Many children owe their lapses in after years to the vibrations thrown upon them in prenatal life by the coarseness of atmosphere tainted by unclean thought, loose language and uncontrolled emotions, of parents, relatives and friends.

2. In very ancient times in India, old age and two diseases were the only things that caused "natural" death. But after people there had adopted wrong and unclean diet, 78 diseases soon manifested and the number has been increasing ever since. A useful long life and freedom from disease can best be insured by right food at suitable times. The complete square meal is the only cure—a balanced diet of leafy vegetables, fruits, unpolished rice, unprocessed grains, nuts, oils, milk, butter and eggs.

3. The diet of the expectant mother should include especilly foods rich in lime, iron, vitamins, and roughage of spinach (palasaq) and 4 chataks of clean whole milk added to a varied diet of fruits, apples, figs, prunes, mangœs, plachies, grains and fresh vegetables—tomatœs, water cress and potatœs, etc. will supply the full amount of iron, lime and vitamins required. Carrots (Gajar), radish (muli) and apples are nature's tooth brushes for pregnant women. Eat them twice a day after meals.

4. Daily supply of green leafy vegetables in the form of salads is absolutely necessary for the mother not only to insure normal growth of the coming baby, but also to make an easy delivery possible. A fat and heavy baby and painful child-birth are generally the result of definciency of iron and lime in mother's diet.

5: Expectant mothers should drink plenty of fluids (water, barley water, orangeade, lemonade, lassi of curd. and juices of vegetables, etc ) during the day on rising and between the meals. It washes out waste materials and removes poisons from the blood and helps in evacuating the bowel—the private poison factory.

6. Physiologists have proved that exposing the skin of expectant and nursing mothers to direct sunlight and to Ultra Violet lamps was found to be effective in preventing tooth decay in mothers and in babies at the breast.

7. Remember fear, doubt and worry are the precious trinity that brings slavery and unhappiness. This trinity can be banished by thoughts of faith, confidence and hope.

Brain can no more produce thought than a piano can produce music.

"Prepare ye for the Divine Guest."

8. Consult a doctor or a Health visitor at Child Welfare centre two months before the expected time. In times of unusual troubles and pains, attend the Zenana Hospital or send for the doctor. But in no case trust the advice of an ignorant friend, relative and neighbour.

9. During pregnancy, the demand for Oxygen and Ozone is doubled and trebled. Supply it by cold bathing, systematic deep breathing and out door walk in the open. Light house work is also a good exercise. The walk should be brisk with chest forward and head erect. It strengthens the abdoninal and back muscles and ligaments. If circumstances do not allow outdoor exercise, practice deep breathing, as often as possible and before meals, specially while lying in bed.

10. Morning sickness is one of the common disorders of pregnancy. Sip a cup or two of hot water or tea, ovaltine while remaining in bed on left side. If this does not help, just try half a cup of black coffee with a few drops of lemon juice or take a pinch or two of vegetable salt in a cup of hot water. It is necessary to remain in bed for at least 30 minutes after the hot drink. This process helps in quieting the irritated nerves. This morning nausea is easily relieved to a certain extent, by scratching the back of both hands running the thumb and first finger on both hands, including webbs between the thumb and the first finger up to the wrist.

11. Beware of fear, anger and depression—the most destructive emotions. Fear has a benumbing, paralysing and freezing effect upon the body. It lowers the vitality and resistance to the destructive influences of persons and diseases. It calms down the action of glands. Anger like a consuming fire affects the body. It may be called psychological combustion. The brain is congested as if by alcohol. The centre of reason and common sense is disrupted, hence quarrels and crimes. It creates ulceration in the body and deposits poisons in the blood. Depression makes the body droop and sag. It invites dangers and disappointments. Worry has killed more men than war. Chronic worry is one of the basic causes of diabetes.

12. Perfect physical health is impossible without the co-operation of the mind. Be joyous, no matter how things go, look up and smile, there is a magic in smiles. Be optimistic, for all things work together for the final good of man. Be calm. Do not get excited under any circumstance. Let the heart be filled with love for the coming baby.

13. In honour of the Great Guest, emotions of admiration, benevolence, tenderness and reverence are a help in giving a beautiful body to the child. Cheerfulness is the best of all tones and love the greatest physician —*Home and Homœopathy.*

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*The risk of contracting tuberculosis* from extra familial contact is greatest among school companions at the ages when resistance to the disease is lowest, namely, the "teen" ages; and among fellow-workers, especially when the occupation is one which increases the risk of developing affections of the lungs. Report. Milbank Mem. Fund, 1928-40.—*Illinois.*

## Miner's First Aid Alphabet

Abstract from First-aid letters issued by the Mines Branch of Department of Mines and Natural Resources, Winnipeg

A stands for **Artery** ; blood is bright red.
Stop it at once ; or your patient is dead.

B is for **Burns** ; give them all your best care.
Use tannic acid and exclude the air.

C stands for **Cuts**, the curse of each mine
Cleanse them with water, then use iodine.

D for the **Doctor**, he knows all the tricks.
Warn him at once, or you'll be in a fix.

E for your **Eyes** that get filled up with dust.
Use castor oil, if touch them you must.

F stands for **Fracture**, a break of the bone.
Splint on the spot, or else leave it alone.

G is for **Gasping** ; bring man to fresh air ;
Apply respiration with infinite care.

H for **Hæmorrhage**, bleeding, you know,
Pad, with bandage, may stop the blood flow.

I is for **Injury**, crush or hard knock,
Send for doctor, for treatment for shock.

J stands for **Joint**, dislocation or sprain.
Cold or hot compress, downs swelling, pain.

K for the **Kneecap**. Should it go "flop",
Back splint the fracture and ice on the top.

L stands for **Lysol**, a germicide rare,
For washing out wounds, but use with care.

M is for **Makeshift**, and here is a hint,
Use coats for stretcher, drill steel for splint.

N for a **Nosebleed**. Now, what you should do?
Digital pressure may carry you through.

O means **Occipita** Fracture will show
Bleeding from ear, in case you don't know.

P is for **Poison**. Act swift if you're wise.
For corrosive burn, you must neutralise.

Q for the **Questions**, with tact you may ask
If patient is conscious, to lessen your task.

R stands for **Rupture**. You bring up the knees
Then cold applications to give patient ease.

S is for **Shock**. You keep body warm
And then stimulate to prevent further harm

T is important ; it means **Tourniquet**.
Used to stop bleeding pressure-point way.

U for **Unconsciousness**. Put man on back.
Head to one side and clothing quite slack.

V is for **Vertebræ**, spine or backbone.
If fracture's suspected, leave patient alone.

W stands for **Wounds**, small or great.
Offset infection and don't seal your fate.

X marks the spot where a workman was laid,
His partner ignorant of simple First Aid.

Y is for **You**, to glean through these rules,
You'll learn being wise, or reject being fools.

Z stands for **Zeal**, or it may stand for **Zest**.
In either case give us what in you is best.

—*Canadian First Aid.*

## Speech Defects of Children

THE causes for sound substitutions or omissions in words in the speech of young children may be both functional and organic, Ruth E. Beckey, Ph.D., Columbus, Ohio, says in a recent issue of *Hygiea, The Health Magazine*. Fortunately, she adds, many of the substitutions are due to faulty training, too much isolation, overstimulation, defective models for imitation and too much criticism by the parents. However, many of the organic defects of the speech apparatus may be repaired if the child is taken to the surgeon or arthodontist early enough. The teeth may need to be straightened before the child can say some of the sounds. If the front teeth have not yet appeared, and the "s" is defective, the best plan is to wait for the teeth to appear. The "s" may take care of itself. If hearing is suspected to be defective, an audiometer check should be made to determine whether the child is hearing all of the different speech sounds accurately. The parents should also try to remove any unfavorable factors in the child's environment which may be impending his progress, Dr. Becky warns.—*Texas State Medical Journal.*

# In Lighter Vein

### We Don't Know.

IF a doctor is doctoring a doctor, does the doctor doing the doctoring have to doctor the doctor the way the doctor being doctored wants to be doctored, or does the doctor doctoring the doctor, doctor the doctor the way he usually doctors?—*J. A. M. A.*

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A MAN received notice to quit from his landlord. He decided not to go, and replied.

"Dear sir, I remain, yours truly".—*Human Affairs.*

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### In an Asylum

A LUNATIC was trying to knock a nail into a wall. But he had the head of the nail against the wood and was hammering the point.

At length, he threw down the nail in disgust and said ; "Buh Idiots. They gave me a nail with the head at the wrong end."

Another inmate of the asylum who had been watching, began to laugh.

"It's you that's the idiot," he said.

"Why?"

The other jerked his thumb at the opposite wall "Nail was made for the other side of the room," he said.